BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

KENNY STREIT, Claimant, vs. STREIT CONSTRUCTION, INC., Employer, and EMPLOYERS MUTUAL CASUALTY CO., Insurance Carrier, Defendants.	File No. 5043612 REMAND DECISION Head Notes: 1402.30; 1802; 1803; 2501; 2502; 2907

STATEMENT OF THE CASE

This matter comes before the Iowa Division of Workers' Compensation on remand from the Iowa Court of Appeals.

A May 7, 2015, arbitration decision found, in part, claimant carried his burden of proof he sustained an infection caused by septicemia, an infection of the blood, caused by methicillin-resistant staphylococcus aureus (MRSA) that arose out of and in the course of employment. Based on that finding, claimant was awarded healing period benefits and three hundred weeks of permanent partial disability benefits.

The December 7, 2016, appeal decision reversed the arbitration decision in its entirety, and found claimant failed to carry his burden of proof he sustained a MRSA infection that arose out of and in the course of employment.

The decision was appealed in a petition for judicial review to the Iowa District Court for Webster County. On November 20, 2017, the District Court remanded this matter back to this agency, finding, in part, this agency applied standards from Iowa Code Chapter 85A, rather than Chapter 85, in determining causation. The District Court ordered this agency to apply Iowa Code Chapter 85 in determining causation.

A remand decision was issued on June 1, 2019. That decision found claimant failed to carry his burden of proof that his alleged MRSA condition arose out of and in the course of employment.

Claimant filed a petition for judicial review. In a ruling on the petition for judicial review, the District Court affirmed the appeal decision. Claimant appealed that ruling. In a November 4, 2020, decision, the Iowa Court of Appeals reversed and remanded the decision back to this division. The remand decision required this agency to determine: (1) If claimant carried his burden of proof he suffered cuts and scrapes at work; and, (2) If claimant carried his burden of proof the MRSA infection was a sequela to the cuts and scrapes claimant sustained at work.

ISSUES

1. Did claimant sustain cuts and scrapes at work on October 13, 2012?

2. Was the MRSA infection a sequela to the cuts and scrapes sustained at work?

3. Whether the injury resulted in a temporary disability.

4. The extent of claimant's entitlement to permanent partial disability benefits.

5. Whether there is a causal connection between the injury and the claimed medical expenses.

6. Whether claimant is entitled to reimbursement for an independent medical examination (IME) under Iowa Code section 85.39.

FINDINGS OF FACT

This agency has issued an appeal decision and a remand decision in this matter. The findings of fact of this case are detailed in those decisions. Judicial notice is taken of the findings of fact from those prior decisions. The findings of fact for this remand decision will only detail facts relevant to the remand order from the Iowa Court of Appeals.

Claimant was 54 years old at the time of hearing. Claimant graduated from high school. He studied construction at a technical school. Claimant started his own construction business in 1979. Claimant has worked construction on a self-employed basis since that time. (Transcript, pages 8-9)

Claimant testified at hearing his construction company built houses, did shingling, did concrete work, and did all types of construction. (Tr. p. 11)

In October 2012 claimant was constructing a grain bin for a farmer. October 13, 2012 was claimant's last day on the job site. On that day, claimant cleaned up work at the job site. Claimant spent part of that day picking up concrete forms. (Tr. pp. 19-23)

On direct exam, claimant was asked:

Q: And on this job, you were working here leading up to October 13, did you have cuts and sores on your arms?

A: Oh, yeah.

Q: And how did you get those cuts and sores?

A: Just like I said, you know, just cuttin' against rerod or just scrapin' up against cement forms. You know, cement when it dries, you brush yourself up against it, it'll cut ya.

Q: Okay.

A: It'll cut ya. I poured a lot of concrete that summer. It just wasn't at that guy's site. It was just not there.

(Tr. pp. 19-20)

On direct exam, claimant was also asked:

Q: Okay. Do you - - Did you have any cuts on your hands and arms, open sores, scratches?

A: Oh, yeah.

Q: On that day?

A: Oh, yeah.

Q: And how did you get those? Same way?

A: Well, just bein' at the jobsite.

Q: Okay.

A: You know, I had cuts on me all summer long, but, you know, when you're in construction work you're always bangin' something, cuttin' somethin', so it's like you don't think nothin' of it, okay?

(Tr. p. 23)

Early in the morning of October 14, 2012, claimant was evaluated at Trinity Regional Medical Center (TRMC) for back pain. Claimant was prescribed medication and discharged to home. (Ex. 1, pp. 1-5)

On October 18, 2012, claimant was seen at McCrary-Rost Clinic in Gowrie, Iowa. Multiple tests were ordered by physicians including a blood culture test. Clinical notes indicate claimant's blood culture test was positive. Claimant was returned to TRMC. (Ex. 1, pp. 17-18)

Claimant was admitted to TRMC on October 19, 2012, where he was evaluated and treated by James Comstock, M.D. Claimant was diagnosed with septicemia, an infection of the blood caused by MRSA. (Ex. 1, p. 19)

Claimant was transferred to Iowa Methodist Medical Center (IMMC) on October 21, 2012. (Ex. 1, p. 29) At IMMC claimant was evaluated by multiple physicians. One physician was Christopher Nelson, D.O. Dr. Nelson's notes indicated "he is diagnosed with MRSA bacteremia. At this point, there is not an exact source." (Ex. 1, p. 36) Another note from IMMC indicated:

> Patient does report a long history of picking at sores and lesions from abrasions during his work. He says that when he sweats a lot he breaks out with sores on his scalp, within his beard, as well as his arms. He states he picks them a lot and occasionally they will have pus associated with them. He also reports this seems to have worsened approximately 2 summers ago. He does state that he has chills on and off, although has not taken his temperature.

(Ex. 1, p. 38)

Claimant was evaluated by Sudhir Kumar, M.D., an infectious disease specialist, while he was a patient at IMMC. (Ex. 1, p. 40) Claimant was discharged from IMMC on October 26, 2012. (Ex. 1, pp. 29-32)

On December 7, 2012, in response to a question regarding whether claimant's MRSA diagnosis was work-related, Dr. Kumar indicated:

> Patient was not seen by me in the past for reported skin conditions/infections post injuries.
>
> I am unable to determine if his current infection is work related.

(Ex. A)

On January 22, 2013, Kayla Blanchard, claims adjustor for defendant-insurer, wrote to Dr. Comstock, the staff physician at TRMC who treated claimant when claimant was hospitalized. Ms. Blanchard asked Dr. Comstock to provide his opinion regarding

causation of claimant's MRSA infection. (Ex. 7, p. 1) In an undated written response, Dr. Comstock indicated:

> Kenny Streit came to Trinity Regional Health systems emergency room in the fall of 2012, suffering from an acute illness. This was his third visit to a health care facility in his attempt to discover the cause of, and obtain treatment for this illness. He appeared acutely ill, and indeed, had positive blood cultures for methicillin-resistant staphylococcus [*sic*] aureus obtained on a previous ER visit. By the time we saw him over a week had gone by since the onset of his illness, making it difficult to pinpoint the exact start of his illness. He was found to have a septicemia (blood stream infection), with remote sites of infection in his body. He was started on powerful intravenous antibiotics, and was ultimately transferred to a Des Moines hospital for further evaluation and care. MRSA infections (as these are called) typically start with a portal of entry by way of a skin or mucous membrane cut, abrasion or microabrasion. It is unheard of to contract this sort of infection by any other means (ie: Ingestion or inhalation). Mr. Streit is subjected to microabrasions on a regular basis in the course of his work as a carpenter. It is very unlikely any other mechanism would be the cause of his illness. It would be unfair to make Mr. Streit determine which microabrasion was the start of his illness, as that would be humanly impossible. The overwhelming possibility is that his illness arose out of his working conditions.

(Ex. 7, p. 2)

In a letter to Ms. Blanchard dated May 10, 2013, Kevin Cunningham, M.D., of Iowa Clinic Internal Medicine, stated the following, in pertinent part:

> After review of the notes you provided related to this claim it is my opinion that there is no adequate evidence that his work was related to the cause of his infection. His occupation would not be considered a high risk occupation in the context of MRSA exposure and his available records did not indicate any history of specific exposure to high risk areas or surfaces. The record did not indicate any history of acute cellulitis or other skin/soft tissue infection directly related to work exposure either.

(Ex. B)

At the direction of his attorney, claimant had an independent medical evaluation (IME) with John Kuhnlein, D.O., on January 6, 2015. (Ex. 2) Following his evaluation of claimant and his review of the medical records, Dr. Kuhnlein concluded that proving claimant's diagnosis of MRSA as causally related to claimant's employment would require proof that claimant acquired the MRSA through dermal transmission through open cuts and sores while working in an environment in which claimant had actual exposure to MRSA in a fashion that would infect the cuts and sores. (Ex. 2, p. 15) Dr. Kuhnlein stated, in part:

> At this time, there is no objective evidence that the MRSA entered his body through one of the cuts on his arms – I do not find any evidence that the arms were cultured to show that they were MRSA infected. That is a reasonable presumption, however.
>
> . . . Please note that all theories of work-relatedness depend upon actual exposure to MRSA, they can be proven in a work-related setting. If there is no objective proof of a work-related MRSA exposure, then it is speculative to assume that this was work-related MRSA. Simply saying that one's arms have cuts and scrapes and therefore the MRSA is work related is insufficient evidence to medically prove work place exposure.
>
> . . . In brief summary, Mr. Streit did have cuts, abrasions and breaks in his skin. To close the causation loop and make his MRSA infection work related, it must also be shown that he was infected by MRSA in a work-related scenario where it is likely that the MRSA entered his cuts, scrapes or open sores. All must be present in this case. You cannot simply assume that because he had cuts and because he was working in a dirty environment, then he had MRSA. MRSA is community-acquired in very specific circumstances, and it can typically be proven to exist in those circumstances, such as contact sports, in military camps, childcare centers and jails. If it can be proven he had such MRSA exposure in a work related fashion, then the MRSA exposure would be related to his work, and all the conditions, including the back condition, would be work related.

(Ex. 2, pp. 17-18)

Dr. Kuhnlein found claimant had a seven percent permanent impairment of the body as a whole. He restricted claimant to no lifting over 40 pounds occasionally. He limited claimant to occasional bending, kneeling, squatting or crawling. (Ex. 2, pp 19-20)

According to Exhibit 4, prior to the alleged date of injury, claimant worked, on average, 132 hours every two weeks in 2012. In 2013, claimant worked, on average, 49 hours every two weeks. In 2014, claimant worked, on average, 44 hours every two weeks. (Ex. 4)

CONCLUSION OF LAW

The first issue to be determined is whether claimant sustained cuts and scrapes at work.

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 6.904(3).

Claimant's unrebutted testimony is that he had cuts and sores on his arms before the October 13, 2012, date of injury. (Tr. pp. 19-20) Claimant testified he had cuts on his body from work the summer prior to October 13, 2012. (Tr. pp. 20, 23)

Medical record indicate claimant had a long history of ". . . picking at sores and lesions from abrasions during his work." Records also indicate claimant had occasional skin infections that seemed to worsen over two years prior to the date of injury. (Ex. 1, p. 38)

Given this record, claimant has carried his burden of proof he sustained cuts and sores at work.

The next issue to be determined is whether claimant's MRSA infection is a sequela to the cuts and scrapes claimant sustained at work.

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" refer to the cause or source of the injury. The words "in the course of" refer to the time, place, and circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Elec. v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v.

Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

An employer may be liable for a sequela of an original work injury if the employee sustained a compensable injury and later sustained further disability that is a proximate result of the original injury. Mallory v. Mercy Medical Center, File No. 5029834 (Appeal February 15, 2012).

The Iowa Supreme Court noted "where an accident occurs to an employee in the usual course of his employment, the employer is liable for all consequences that naturally and proximately flow from the accident." Oldham v. Scofield & Welch, 266 N.W. 480, 482 (1936). The Court explained:

> If an employee suffers a compensable injury and thereafter suffers further disability which is the proximate result of the original injury, such further disability is compensable. Where an employee suffers a compensable injury and thereafter returns to work and, as a result thereof, his first injury is aggravated and accelerated so that he is greater disabled than before, the entire disability may be compensated for." Id. at 481.

A sequela can be an after effect or secondary effect of an injury. Lewis v. Dee Zee Manufacturing, File No. 797154, (Arb. September 11, 1989). A sequela can take the form of a secondary effect on the claimant's body stemming from the original injury. For example, where a leg injury causing shortening of the leg in turn alters the claimant's gait, causing mechanical back pain, the back condition can be found to be a sequela of the leg injury. Fridlington v. 3M Co., File No. 788758, (Arb. November 15, 1991).

A sequela can also take the form of a later injury that is caused by the original injury. For example, where a leg injury leads to the claimant's knee giving out in a grocery store, the resulting fall is compensable as a sequela of the leg injury. Taylor v. Oscar Mayer & Co., 3 Iowa Ind. Comm. Rep. 257, 258 (1982).

As noted, it is found that claimant sustained cuts, scratches, and sores out of and in the course of his employment. The record indicates claimant had a MRSA infection. Dr. Comstock opined claimant likely contracted his MRSA infection through cuts and abrasions on his skin. (Ex. 7, p. 2)

Dr. Kuhnlein believed claimant failed to prove his MRSA infection was work related. This is because there was no evidence in the record that MRSA was found at the job site. However, even Dr. Kuhnlein opined that it is a "reasonable presumption" that claimant contracted MRSA through the abrasions and cuts on his skin. (Ex. 2, p. 17)

Dr. Kumar was unable to determine if claimant's MRSA infection was work related. (Ex. A)

Dr. Cunningham believed there was inadequate evidence to conclude MRSA was connected to claimant's work as claimant's work was not considered a high-risk occupation for MRSA. (Ex. B)

Dr. Comstock and Dr. Kuhnlein opined it was likely claimant contracted MRSA through the cuts and abrasions on his skin. Drs. Cunningham and Kumar give no opinion of claimant contracting MRSA through his cuts and abrasions.

It does not matter if claimant contracted MRSA at the workplace. As noted, it has been found that claimant had work-related cuts, scratches, and abrasions. Two experts opine that it was reasonable or likely that claimant contracted MRSA through the abrasions and cuts on his skin. Given this record, claimant has carried his burden of proof his MRSA infection is a sequela to the cuts and abrasions claimant sustained at work. Given this record, claimant has carried his burden of proof his MRSA infection arose out of and in the course of employment.

The next issue to be determined is whether the injury resulted in a temporary disability.

Healing period compensation describes temporary workers' compensation weekly benefits that precede an allowance of permanent partial disability benefits. Ellingson v. Fleetguard, Inc., 599 N.W.2d 440 (Iowa 1999). Section 85.34(1) provides that healing period benefits are payable to an injured worker who has suffered permanent partial disability until the first to occur of three events. These are: (1) the worker has returned to work; (2) the worker medically is capable of returning to substantially similar employment; or (3) the worker has achieved maximum medical recovery. Maximum medical recovery is achieved when healing is complete and the extent of permanent disability can be determined. Armstrong Tire & Rubber Co. v. Kubli, Iowa App., 312 N.W.2d 60 (Iowa 1981). Neither maintenance medical care nor an employee's continuing to have pain or other symptoms necessarily prolongs the healing period.

The parties stipulated in the hearing report that claimant was off work from October 13, 2012, through April 1, 2013. As claimant's MRSA infection is found to be work-related, it is found that claimant is due temporary benefits from October 13, 2012, through April 1, 2013.

The next issue to be determined is the extent of claimant's entitlement to permanent partial disability benefits.

Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City Ry. Co. of Iowa, 219 Iowa 587, 258 N.W. 899 (1935) as follows: "It is therefore plain that the Legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

Claimant was 54 years old at the time of hearing. Claimant has a high school education. He studied construction for one year at a technical school. Claimant spent most of his work life working construction.

Dr. Kuhnlein found claimant had a seven percent permanent impairment of the body as a whole. He limited claimant to lifting 40 pounds occasionally. He also limited claimant to bending, crawling, squatting or kneeling occasionally. (Ex. 2, pp. 19-20)

The record indicates that prior to the work injury, claimant worked 132 hours, on average, every two weeks. In 2013, after the injury, claimant worked on average 49 hours every two weeks. In 2014, claimant worked on average 44 hours every two weeks.

Claimant has a seven percent permanent impairment of the body as a whole. He is limited to lifting 40 pounds occasionally. Evidence indicates that since contracting MRSA, claimant's work hours have decreased over 50 percent. When all relevant factors are considered, it is found claimant sustained a 50 percent loss of earning capacity or industrial disability as a result of the work injury.

The next issue to be determined is whether there is a causal connection between the injury and the claimed medical expenses.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 1975).

Claimant seeks medical expenses as detailed in Exhibits 3 and 6. Records indicate the costs detailed are related to care and treatment of claimant's work injury. There is no evidence that the bills detailed in Exhibits 3 and 6 are not causally connected to the work injury. There is no evidence that the costs related to the

treatment are not fair and reasonable. Based on this, defendants are liable for costs, including medical mileage, as detailed in Exhibits 3 and 6.

The final issue to be determined is if claimant is entitled to reimbursement for the of the IME by Dr. Kuhnlein.

Section 85.39 permits an employee to be reimbursed for subsequent examination by a physician of the employee's choice where an employer-retained physician has previously evaluated "permanent disability" and the employee believes the initial evaluation is too low. The section also permits reimbursement for reasonably necessary transportation expenses incurred and for any wage loss occasioned by the employee attending the subsequent examination.

Defendants are responsible only for reasonable fees associated with claimant's independent medical examination. Claimant has the burden of proving the reasonableness of the expenses incurred for the examination. See Schintgen v. Economy Fire & Casualty Co., File No. 855298 (App. April 26, 1991). Claimant need not ultimately prove the injury arose out of and in the course of employment to qualify for reimbursement under section 85.39. See Dodd v. Fleetguard, Inc., 759 N.W.2d 133, 140 (Iowa App. 2008).

Regarding the IME, the Iowa Supreme Court provided a literal interpretation of the plain-language of Iowa Code section 85.39, stating that section 85.39 only allows the employee to obtain an independent medical evaluation at the employer's expense if dissatisfied with the evaluation arranged by the employer. Des Moines Area Reg'l Transit Auth. v. Young, 867 N.W.2d 839, 847 (Iowa 2015).

Under the Young decision, an employee can only obtain an IME at the employer's expense if an evaluation of permanent disability has been made by an employer-retained physician.

Iowa Code section 85.39 limits an injured worker to one IME. Larson Mfg. Co., Inc. v. Thorson, 763 N.W.2d 842 (Iowa 2009).

The Supreme Court, in Young noted that in cases where Iowa Code section 85.39 is not triggered to allow for reimbursement of an independent medical examination (IME), a claimant can still be reimbursed at hearing the costs associated with the preparation of the written report as a cost under rule 876 IAC 4.33. Young at 846-847.

The only opinion in the record regarding permanent impairment is by the expert retained by claimant, Dr. Kuhnlein. Given this record, claimant is not entitled to reimbursement from defendants for the cost of Dr. Kuhnlein's IME.

ORDER

THEREFORE, IT IS ORDERED:

Defendants shall pay claimant healing period benefits from October 13, 2012, through April 1, 2013, at the rate of eight hundred thirty-eight and 39/100 dollars ($838.39) per week.

Defendants shall pay claimant two hundred fifty (250) weeks of permanent partial disability benefits at the rate of eight hundred thirty-eight and 39/100 dollars ($838.39) per week commencing on April 2, 2013.

Defendants shall pay accrued weekly benefits in a lump sum together with interest at the rate of ten percent for all weekly benefits payable and not paid when due which accrued before July 1, 2017, and all interest on past due weekly compensation benefits accruing on or after July 1, 2017, shall be payable at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent. See Gamble v. AG Leader Technology, File No. 5054686 (App. Apr. 24, 2018)

Defendants shall receive credit for all benefits previously paid.

Defendants shall pay claimant's medical expenses as itemized in Exhibits 3 and 6.

Defendants shall not be liable for reimbursement to claimant for the costs associated with Dr. Kuhnlein's IME.

Pursuant to rule 876 IAC 4.33, defendants shall pay claimant's costs of the arbitration proceeding, and defendants shall pay the costs of the appeal, including the cost of the hearing transcript.

Pursuant to rule 876 IAC 3.1(2), defendants shall file subsequent reports of injury (SROI) as required by this agency.

Signed and filed this 8th day of June, 2021.

Joseph S. Cortese II

JOSEPH S. CORTESE II
WORKERS' COMPENSATION
COMMISSIONER

The parties have been served as follows:

Jerry Schnurr (via WCES)

Matthew Grotnes (via WCES)